

PROGRAM APPROVAL APPLICATION
NEW or SUBSTANTIAL CHANGE or LOCALLY APPROVED
(This application may not exceed 3 pages)

Fill In Form

Proposed Program Title

Projected Program Start Date

College

District

Contact Information

Voting Member

Title

Phone Number

Email

Goal(s) of Program (Check all that apply):

- Career Technical Education (CTE) Transfer Other

Type of Program (Check all that apply):

- Certificate of Achievement 12-17 (or 17-27 quarter) units Certificate of Achievement 18+ semester (or 27+ quarter) units
 Associate of Science Degree Associate of Arts Degree

Reason for Approval Request (Check One):

- New Program Substantial Change Locally Approved

Program Information

_____ Recommended [Taxonomy of Program \(TOP\) Code](#)

_____ Units for Major-Degree

_____ Total Units for Degree

_____ Required Units-Certificate

Written Form

- 1. Insert the description of the program as it will appear in the catalog.**

2. Provide a brief rationale for the program.

3. Summarize the Labor Market Information (LMI) and employment outlook (including citation for the source of the data) for students exiting the program.

4. List similar programs at other 27 colleges in the Los Angeles and Orange County Region which may be adversely impacted. (There is space for 10 listings, if you need more, please contact laocrc@sccollege.edu)

College	Program	Who You Contacted	Outcome of Contact

